

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 02/01/02.
b. The request was received on 06/12/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Position statement located on the Table of Disputed Services
 - b. HCFAs-1500
 - c. EOBs
 - d. EOBs from other insurance carriers
 - e. Medical documentation
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to Request for Medical Dispute Resolution
 - b. EOBs
 - c. Physician Bill Information
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/02/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/06/02. The response from the insurance carrier was received in the Division on 08/20/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Table of Disputed Services
"We feel that we are [sic] full and total reimbursements on the remaining balance for the equipment we provided this patient with. The carrier incorrectly reviewed the billed charges and failed to pay at a fair and reasonable rate. We have provide [sic] the carrier with examples of payments in full at a fair and reasonable rate for the same equipment

provided with the request for reconsideration. We are now requesting payment in [sic] for the remaining equipment.”

2. Respondent: Letter dated 08/20/02
“...THE PROVIDER FEELS THAT ADDITIONAL PAYMENT IS DUE FOR PROCEDURE E0244, RAISED TOILET SEAT. THE RX WRITTEN BY THE DOCTOR DOUS [sic] NOT INDICATE THAT HE HAS PRESCRIBED THE MORE EXPENSIVE MODEL, ONLY ‘RAISED TOILET SEAT’. THIS WAS PAID BASED ON THE FEE GUIDELINES AND FAIR AND REASONABLE ALLOWANCES. THE PROVIDER SENT EOBs OF OTHER CARRIERS’ PAYMENT IN FULL, BUT DOES NOT SHOW THAT THIS IS A COST EFFECTIVE PRODUCT.
*******THE PROVIDER DOES NOT INDICATE THAT THE PATIENT ALREADY AHD [sic] THIS SAME PRODUCT, PURCHASED ON 4/7/00, AND THE CARRIER PAID THE SAME AMOUNT, \$36.00- THERE IS NO INDICATION THE PATIENT NEEDED A SECOND IDENTICAL PIECE OF EQUIPMENT, AND AT THAT TIME, THE PROVIDER ACCEPTED THE PAYMENT OF \$36.00, AND DID NOT FILE A MEDICAL DISPUTE.**
THE PROVIDER BILLED E1399 FOR A SHOWER HEAD AND EXTENSION; UNLISTED CODES REQUIED [sic] SOME FORM OF DOCUMENTATION OTHER THAN ‘OTHER CARRIERS PAY FOR THIS’ [sic]
THE COLD THERAPY COOLER WRAP SHOULD, FOR ALL INTENTS AND PURPOSES, BE INCLUDED IN THE PRICE OF THE WATER COOLER UNIT, AS THE UNIT AND WRAP ARE INTEGRAL TO ITS USE....”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 02/01/02.
2. Per the provider’s TWCC-60, the amount billed is \$290.00; the amount paid is \$129.50; the amount in dispute is \$160.50.
3. The carrier denied the billed services by codes,
“M – REDUCED TO FAIR AND REASONABLE”;
“F – REIMBURSEMENT ACCORDING TO THE TEXAS MEDICAL FEE GUIDELINES.”
“O – REIMBURSEMENT FOR YOUR RESUBMITTED INVOICE HAS BEEN CONSIDERED. NO ADDITIONAL MONIES ARE BEING PAID AT THIS TIME. BILL HAS BEEN PAID ACCORDING TO STATE FEE GUIDELINES AND/OR STATE RULES AND REGULATIONS.”;
“N- IN ORDER TO REVIEW THIS CHARGE WE NEED A COPY OF THE INVOICE DETAILING THE COST TO THE PROVIDER.”
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/11/02	E1399 Cold therapy wrap E1399 Shower head/ hose extension	\$75.00 \$112.00	\$37.50 \$56.00	M,N M,N	DOP DOP	Rule 133.307 (g) (3) (D), MFG DME GR (IV); MFG DME (IX) (C); HCPCS descriptor	The reimbursement data evidence, in the form of EOBs from other carriers, submitted by the provider proved to be insufficient to meet the criteria of Rule 133.307 (g) (3) (D) which states, "if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount being sought is a fair and reasonable rate of reimbursement in accordance with § 133.1 of this title...." The provider submitted four EOBs from other carriers. None of the EOBs submitted identified the disputed DME items for the disputed HCPCS codes E1399. No corresponding HCFAs were submitted with the other carrier EOBs. With no corresponding HCFAs from the other carriers identifying the DME item on the submitted EOBs as the same, the MDRO cannot determine the specific DME item. As the requestor, the health care provider has the burden to prove that the fees paid were not fair and reasonable. Without identification of the HCPCS codes E1399 in dispute on the example EOBs, the provider failed to submit sufficient documentation to establish that the payments made by the carrier were not fair and reasonable. No reimbursement is recommended.
02/01/02	E0244 Raised toilet seat (D0233)	\$103.00	\$36.00	F,O	HCPCS descriptor D0233 descriptor \$36.00	MFG DMEGR (IX) (C); D Codes MFG, 1991; HCPCS descriptor	The amount billed for the DME HCPCS code E0244, a raised toilet seat, was \$103.00. The carrier paid the provider \$36.00. The Medical Fee Guideline Durable Equipment Ground Rule (IX) (C) states, "A fair and reasonable reimbursement shall be the same as the fees set for the "D" codes in the 1991 Medical Fee Guideline." DME code E0244 is the same as "D" code D0233, "Toilet seat, raised" with the purchase price of \$36.00. In accordance with the MFG DMEGR (IX) (C), the provider is not entitled to additional reimbursement. No additional reimbursement is recommended.
Totals		\$290.00	\$129.50				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 6th day of March 2003.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

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